

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99210

Office of Registrar of Vital Statistics.

Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 12.18.9.M. April 12, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Clarence Gremer.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 9 Years, 9 Months, 24 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 9 mo. 24 days

Place of Death, { Give Street and Number. } 516 Myeth St.

Cause of Death, { First (Primary), Second (Immediate), } Tubercular Meningitis  
Asthenia

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park cemetery

Date of Burial, Apr 13<sup>th</sup> 1887

Undertaker, Jos B. Cook H. D. Knapp M. D.  
Medical Attendant.

Place of Business, 1003 N. Baltimore St. Address, 513 Scott St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99211

Office of Registrar of Vital Statistics.

Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 12<sup>th</sup> 1887 5.30. a m

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May Jane Manning

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 Years, — Months, — Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } St Joseph's House of Industry - Cor Carey & Lexington

Cause of Death, { First (Primary), Fatty Heart  
Second (Immediate), Failure of action of Heart

Duration of Last Sickness, Suddenly. Post mortem examination

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Apr 12/87

{ Undertaker, J. B. Cook } A. A. Saxton M. D.  
Medical Attendant.

{ Place of Business, 1003 W. Baltimore St } Address, 1136 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[Seal]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.



Health Department, City of Baltimore.

Permit No. 99212 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Dymond Fletcher Larkin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Physician

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, Lifetimes

Place of Death, { Give Street and Number. } 214 N. Gilman St.

Cause of Death, { First (Primary), Pulmonary Phthisis; Second (Immediate), Pulmonary Hemorrhage

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Apr 14/87

{ Undertaker, J. B. Cook } M. D.

{ Place of Business, 1003 W. Baltimore Address, 1229 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99213

Office of Registrar of Vital Statistics.

Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, about April 10<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } not known

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, About 11 Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Brought to Western Station April 12<sup>th</sup> 87 7 A.M.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Found dead in Caswell St between Howard & Liberty

Cause of Death, { First (Primary), Second (Immediate), } mal-nutrition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, April 12/87

Undertaker, Geo. E. Brown

Place of Business, Health Office Address,

L. C. Sparrow M. D.  
Medical Attendant.  
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99214 Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 11<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Domestic

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 214 Chestnut Alley

Cause of Death, { First (Primary), Second (Immediate), } Mitral Regurgitation  
Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, April 13, 1887

Undertaker, Hercules Ross

M. Warfield M. D.

Medical Attendant.

Place of Business, 404 Corn Wall St Address, Balt & Girl Dist

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99215 Office of Registrar of Vital Statistics. Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 12<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard R. Haspings

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 13 Months, 13 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, 3 wks - 12 days

Place of Death, { Give Street and Number. } 1036 Hanover St

Cause of Death, { First (Primary), Second (Immediate), } Malarial Pneumonia

Duration of Last Sickness, 7 - 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Hill

Date of Burial, 18 Apr '87

Undertaker, B. H. Hark S. A. Bell M. D.

Place of Business, 115 West St Address, Shelton Lee St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99216 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 12<sup>th</sup> / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ch. Edward Fisher

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 0 Years, one Months, 0 Days.

Color, Dark brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } single ✓

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt city

Duration of Residence in the City of Baltimore, one month

Place of Death, { Give Street and Number. } No 4 L Pine st

Cause of Death, { First (Primary), Second (Immediate), } Unknown  
convulsion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Bern

Date of Burial, Apr 13<sup>th</sup> 1887

{ Undertaker, William Dunge Benj. F. Bohrer M. D.

Medical Attendant.

{ Place of Business, 150 East St Address, Cor Mulberry & Green st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99217 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, *April 12<sup>th</sup> 1887*

*Full Name of Deceased,* { Write legibly and spell  
correctly. If an Infant  
not named, give names  
of parents.

*Sex, Male or Female,* { Cross out the word not  
required in this line. }

Age, 3 Years, 11 Months, 1 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not }  
required in this line.

Occupation,

*Birth Place,* { State or country, and how  
long in the United States,  
if of foreign birth.

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give Street and }  
Number.

Cause of Death, { First (Primary), *Extensive Burns*  
Second (Immediate), *Exhaustion*

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Apr 14<sup>th</sup> / 87

(Undertaker, SE Munch 67

Place of Business, 9408 Gernard Avenue, Charles Center

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

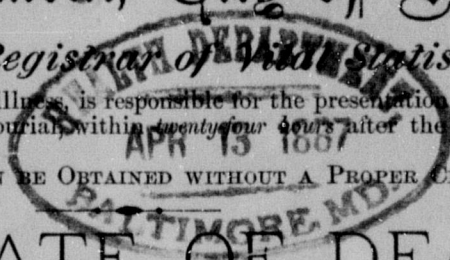
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99218 Office of Registrar of Vital Statistics. Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, April 12th 1887

Full Name of Deceased, Harry Knoche  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male  
{ Cross out the word not required in this line. }

Age, 5 Years, — Months, 9 Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, —

Birth Place, Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, 1000 Hollands Ave Canal Street  
{ Give Street and Number. }

Cause of Death, Double Pneumonia  
{ First (Primary), }  
                                    Asphemia  
{ Second (Immediate), }

Duration of Last Sickness, One (1) week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Gen

Date of Burial, April 14, 1887

Undertaker, Henry M. Ginn M. D.

Place of Business, 154 W. Center St Address, 154 W. Center St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

Board of Health, City of Baltimore.

Permit No. 99219 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11 1884

Full Name of Deceased, { Write legibly and spell correctly. if an infant not named, give names of parents. } Chas. S. Haller

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 39 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lived in Balt. until 19 years ago

Place of Death, { Give street and Number. } # 320 Lothrop St North

Cause of Death, { First (Primary), Melasictenys }  
{ Second (Immediate), Exhaustion }

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, April 13

Undertaker, J. H. Hens

Place of Business, 626 W Baltimore

Medical Attendant, Geo. T. Benson M. D.

Address, 14th St. corner

of his death was a result of the disease when he came to the city

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]